

MEETING ROOM

Request Form

Groups requiring the use of meeting rooms in the Convention Center or participating Expo hotel(s) must obtain authorization from SCTE and absorb all costs including rental, audio/visual, food/beverage, etc. SCTE will not provide approval should events compete with Cable-Tec Expo® hosted events. Contact info: cabletec@executiveevents.com.

PLEASE TYPE

Name of Session / Meeting: _____

Company Name: _____ Booth# (if applicable): _____

Contact Name: _____

On-site Contact Name (if different): _____ On-site Cell Phone: _____

Address: _____

Street/PO Box

City

State

Zip Code

Office Phone: _____ Cell Phone: _____

E-mail: _____

Program Session Company/Employee Meeting Hospitality Function

LOCATION DESIRED:

Space is limited and will be assigned on a first-come, first-served basis. Please e-mail cabletec@executiveevents.com, if you require further information.

Official Cable-Tec Hotel (please list preferred hotel(s)) _____

Colorado Convention Center

Date(s) Requested: _____

Time(s) Requested: _____

Approx. Number of People: _____

ROOM SET:

Schoolroom Conference Hollow Square Theater U-shape Banquet Rounds Crescent Rounds

AUDIO/VISUAL EQUIPMENT:

Lectern w/ microphone LCD package (projector and screen) TV/VCR package Flipchart package

Handheld microphone Lavalier microphone

TELEPHONE:

Phone Line only Single line with phone Speaker phone with line Polycom speaker with line

CATERING (we will put you in touch with catering representative for ordering and payment):

Yes No

FORM OF PAYMENT (Colorado Convention Center Fees Only) <input type="radio"/> American Express <input type="radio"/> MasterCard <input type="radio"/> Visa Amount Enclosed (make check payable to SCTE) \$ _____	Cardholder name: _____ Signature: _____ Card number: _____ CVW# _____ Expiration date: _____
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THIS FORM MUST BE RECEIVED AT SCTE BY SEPTEMBER 8, 2023.

SCTE Cable Tec Expo | 140 Philips Rd., Exton, PA 19341-1318

E-mail: cabletec@executiveevents.com